FEC FORM 1

12030371961

STATEMENT OF **ORGANIZATION**

Office Use Only

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1. NAME OF COMMITTEE (in full)		(Check if name is changed)		mple:If typing, type r the lines.	12FE4N	IS REC	IVED.
	Come					7012 DEC -7	AM 10: 42
SELECT DUR	AME	FRICA			ىبى	FEC MAIL	CENTER
	1 1 1		<u> </u>	1111111			
ADDRESS (number and street)	Ra	BOXI	3109121	<u> </u>			
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COMMITTEE'S E-MAIL ADDRES	SS						
(Check if address is changed)	EN F	10105E1	LECTI	OURIAMEIRITH	CIALCIOI	M	
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COMMITTEE'S WEB PAGE ADD	DRESS (U	RL)					
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2. DATE 17 05 2012							
3. FEC IDENTIFICATION NUMBER > CBB528427							
4. IS THIS STATEMENT WEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer DENNISB. EMCRY							
Type of Fillit Name of measurer							
Signature of Treasurer	124		7	•	Date /	کی ' گی	2012
NOTE: Submission of false, erroneoua, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			FORM 1 1 06/2012)

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5.		_	COMMITTEE Ite Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candid							
	Candid Party	date Affiliatio	Office State Sought: House Senate President District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid	_						
	Party	/ Con	nmittee:					
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.					
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
			Corporation Corporation w/o Capital Stock Labor Organization					
			Membership Organization Trade Association Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
			In addition, this committee is a Lobbylst/Registrant PAC.					
			in addition, this committee is a Leadership PAC. (identify sponsor on line 6.)					
	Joint	Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number					
		2.	FEC ID number					
		3.	FEC ID number					
		4.	FEC ID number C					

٧	Write or Type Committee Name						
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor					
1							
 	<u> </u>						
_							
	Mailing Address						
		CITY STATE ZIP CODE					
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
7.	Custodian of Records: ide books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee					
	_						
	Full Name	EIAIS I EIMOIRIY					
	Mailing Address	Pa Box 309291					
		SAINTIAL BIAIRIBIAIRIA [GA] 931/310-01929					
	Title or Position	CITY STATE ZIP CODE					
		Telephone number 805-319-4144					
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).					
	Full Name of Treasurer	SISHEMORY					
	Mailing Address	P.Q. BIOIX 1310912191					
		SANITIAI BIAIRBIAIRIAI CIA 93130-0929					
	Title or Position	CITY STATE ZIP CODE					
	Last of Cosmon	Telephone number 805-319-41144					
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Full Name of Designated Agent	TIGIBITIAIS I EIMOIRY		<u> </u>		
Mailing Address	Pro BOX 131091291				
	SAINITIAI IBIARBIARIA I I I	STATE	93130-6929 ZIP CODE		
Title or Position	Telepho	one number <u>E</u>	31057-1311-191-1411-144		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
Mailing Address					
		لا لا	المنتا-لتنتا		
	СПҮ	STATE	ZIP CODE		
Name of Bank,	Depository, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mailing Address					
		نا لت	السا-لسسا		
	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): \(\int_EDEX 12/6/12 Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): DATÉ PREPARED

(3/2005)